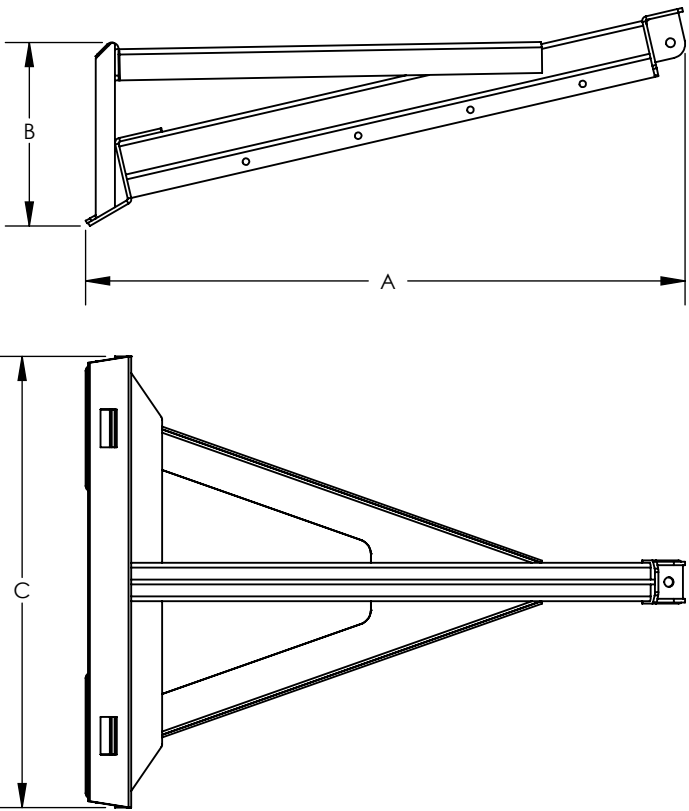


MULTI PURPOSE LIFTING ATTACHMENT SURVEY SHEET- MPLA-XX-XXXX

Inquiry Date:_____ Due Date:_____
Contact:_____
Company:_____
Phone:_____
Fax:_____
E-mail:_____

Base Model (if known):_____

Capacity:_____
Length A:_____
Length B:_____
Length C:_____



Loading Application: _____

SPECIAL COLOR RAL NUMBER:_____

Additional Notes: _____

Quote options:
_____Exactly as specified _____Cheapest / Closest to Vestil standard
_____Quickest to ship
Requested Delivery Date:_____

*All options may not be available on all models